

INQUIRY TO PAST EMPLOYERS

From – Prospective Employer

Company - **G.F. Lacaeyse Transport, Inc.**
Mailing - **PO Box 630**
City, State, Zip – **Grinnell, Iowa 50112**

TO – Previous Employer

Company _____
Name _____
Street _____
City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.**

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope. Very Truly Yours,

Name of applicant: _____

Social Security No. _____

Job applied for: _____

1. This applicant lists dates of employment from your firm from: _____ to: _____. Is this correct? Yes ___ No ___
If no, please explain: _____
2. What kind(s) of work did he/she do? Driver ___ (type of vehicle _____); Dock ___; Office ___; Shop __, Other ___ (Specify) _____
3. If employed as a driver, indicate type of equipment driven. Tractor trailer ___; Straight truck ___; Twin-Trailers ___; Bus ___
Other (Specify) _____
4. Number or recordable accidents _____; number of accidents in which applicant was ticketed _____; number of _____ accidents in which the applicant was at fault _____ (please explain) _____ Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked*) [] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to the bonding company? _____
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes __, No __. If so, please explain _____
9. Why did this employee leave your company? Resigned ___; Discharged ___; Laid off ___.
10. Would you re-employ this person? Yes ___; No __. Please explain _____
11. Remarks: _____

By: _____ Date _____
(Signature of person supplying information)

(Detach here for your files)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness' signature)